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LODDON RURAL DISTRICT COUNCIL



THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
FOR THE YEAR 1964.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Report on the state of the public health in this district during the year ending 31st December 1964.

INTRODUCTION

The health of a community is not easily measured. Mortality statistics have, of course, been available for many decades and conclusions have been drawn from them as to the health of the people. In 1964, the average age at death of Loddon residents was seventy three years whilst the life expectancy at birth in England and Wales was 68.0 years for males and 73.9 for females; but whilst this indicates a reasonable longevity it would generally be agreed that the healthy person is he who keeps fit and active during his allotted span rather than he who lives a greater number of years but in indifferent health. Unfortunately there are few available statistics of sickness or morbidity and the most reliable of them, the National Insurance benefit figures, are of limited help because they apply only to employed persons and to those interruptions of positive health that cause absence from work. The notifications of infectious disease were once a reasonable index of the health of the community because so much of the sum total of the national morbidity was attributable to such illness. This, of course, is no longer true and although the section of the report on infectious diseases will show that Loddon had an uneventful year, this happy fact has only limited public health significance.

A medical officer of health does not, therefore, depend only on statistics in judging the state of health of a community for which he is responsible. It is necessary to form a subjective impression and this is much helped by liaison with general practitioners and discussion as to the trend of health and disease in their patients, whilst the school and child welfare clinics offer a unique opportunity of examining sick and healthy alike. From all sources the conclusion is clear that health has never been better. The standard of living has continued to rise and standards of health have risen with it. Nutrition is excellent and this means that many illnesses are avoided altogether or, being contracted, are shaken off more easily. Education, too, has played a very considerable part in enabling the people to avoid disease or to co-operate successfully in the treatment of established disease. Beyond these national factors that have their bearing on health, Norfolk people have the added advantage of living in a clean atmosphere. There is a very striking contrast between the amount of chronic respiratory disease here and in the industrialized parts of Britain.

By most standards of measurement, then, the state of health has been good but there is a less satisfactory side of the picture. Mention was made in the 1963 Report of the years of life lost by those who die in middle age and there has been no subsequent evidence that this important tragedy of our times is becoming any less. The tragedy lies not only in the loss of people who are at the peak of their working lives and often involved in the maximum of family responsibility but

also in the probability that many of the deaths might have been prevented. Figures are now available to show the years of working life lost by persons dying in England and Wales in 1963 between the ages of 15 and 64 years. They demonstrate that nearly half (49%) of the wasted years were due to one of three diseases or to accidents. The percentage of the total wastage that was due to each cause is as follows:-

Cancer	17%	(including 3% due to cancer of the lung and 2% due to cancer of the breast)
Bronchitis (and pneumonia)	12%	
Coronary disease	10%	
Accidents	10%	

A vast amount of research work is constantly going forward to add to our knowledge of how to prevent these deaths but it is important not only to look hopefully to the future but to consider whether our present knowledge is properly used. It is probable that the public is not very well served by the press in this respect because publicity is given to subjects of "news value" and the news value of a topic is more related to its unusual nature than to its importance. One appreciates, of course, that the press is primarily concerned with selling newspapers and not with educating the public but it remains unfortunate, for example, that accidents involving radio-activity are given exhaustive coverage, although it is now likely that they present no real hazard, whilst seven thousand annual deaths on the road receive no more than passing mention as incidents and the very occasional general comment in the editorial column. The twenty-three thousand lung cancer deaths get a good deal less publicity and the tobacco manufacturers contribute generously to the newspapers' advertising revenue.

What can the public do to reduce this loss of life insofar as our present knowledge extends? Cancer is not generally preventable but is generally curable if the diagnosis is made early. Unfortunately there is still a proportion of people who do not realize this and they sometimes keep a symptom secret for fear of having their suspicions confirmed. The common cancers of breast, stomach, bowel and uterus all lend themselves to early treatment and the outlook is then excellent. On the other hand the commonest site of all cancers is now the lung and this, together with various less important growths, is preventable. It is seen from the above figures that the latter disease is responsible for 3% of all the wasted years and it follows that the individual may smoke as hard as he is able and still expect, on chance, to die of something other than lung cancer. However, it might be held that the gamble is not the act of a responsible individual and to encourage, or even permit, a young person to start smoking is certainly a great deal less responsible.

What to do about coronary disease is less clear and various ideas, such as the use of vegetable in place of animal fat, have been rejected. However, a few things are certain -

- (a) Physical activity tends to protect and the sedentary life tends to promote coronary disease.
- (b) Over eating and overweight favours this disease.



- (c) Coronary disease is common in communities in which the tempo of life is brisk e.g. Britain, U.S.A.; whilst it is rare in the undeveloped countries.
- (d) The risk of coronary thrombosis in cigarette smokers is twice that in non-smokers.

Bronchitis, the English disease, is particularly a problem of our industrial areas and it is not intended to dwell on it. It is to be hoped that the extension of smoke control will before long have an effect on this national disgrace.

Finally, it is not for me to pontificate on the subject of accidental deaths but there would be little argument that a large proportion of them must be regarded as preventable. The England and Wales figures for 1964 (1963 in brackets) may be of interest -

Accidental deaths in the home	7,160	(7,754)
" " on the road	7,673	(6,743)
Total of accidental deaths	17,722	(17,414)

It will be noticed that it is as if the entire population of Loddon, man, woman and child, was wiped out every eight months.

#### STAFF

Dr. D.F. Hadman was appointed Medical Officer of Health as from 1st January 1964, and served throughout the year.

Mr. K.S. Starling, Senior Public Health Inspector and Mr. R.W. Garrood, Public Health Inspector, served through the year. The volume of work undertaken by the health inspectors increases year by year, particularly in regard to building control, and this trend will probably continue and will be supplemented by increasing responsibility for sewage disposal installations. The work load was also added to in 1964 by the coming into operation of the Offices, Shops and Railway Premises Act of 1963. It is clear that a third inspector will have to be appointed in the near future if the Public Health Department is to continue to fulfil all its obligations, particularly in regard to matters such as the control of food hygiene which tend to be deferred when in competition with more pressing demands.

#### VITAL STATISTICS

##### (a) General

The Registrar-General provides data giving, for each District, the annual number of live and still births and details of deaths by age, sex and cause. He also makes an estimate of the population and from all this it is possible to work out the following rates and these can be compared with the corresponding rates for England and Wales. However, it is sometimes unwise to draw any rigid conclusion from the comparison because certain of the local calculations depend on very small numbers. The birth and death rates, on the other hand, are based on larger numbers and can reasonably be compared with the national rates after correction for age differences as between the district and the nation.

##### (b) Population

The mid-year population of Loddon Rural District in 1964 was

estimated at 12,420 compared with 12,350 in 1963.

(c) Births

There were 142 live births in 1964 - 70 boys and 72 girls. The crude birth rate (live births per 1,000 population) was therefore 11.4 and the corrected rate 11.7. The corresponding corrected rates in 1962 and 1963 were 15.5 and 16.1 respectively and the provisional rate for England and Wales in 1964 was 18.4 live births per 1,000 population. There is no clear reason for the fall in the birth rate but the trend has been reversed in the first half of the current year in which 94 births have been notified as against 72 in the same period of 1964.

There were 2 illegitimate births compared with 10 in 1963, and 14 in 1962.

Only three infants were born prematurely and one failed to survive.

(d) Stillbirths

Two were notified giving a still birth rate of 13.9 still births per 1,000 total births, this comparing with a provisional national figure of 16.3.

(e) Infant Mortality

The England and Wales infant mortality rate was again the lowest ever, being 20.0 deaths of infants under one year per 1,000 live births. Two such deaths occurred in Loddon and the rate was therefore 14.1 deaths per 1,000 live births. One of these infants was premature and the other died of a congenital malformation the cause of which is entirely unknown.

(f) Maternal Mortality

It is with great regret that one reports the death in labour of a 35 year old woman which occurred in February 1964. This was the first maternal death since 1952.

(g) Deaths

Deaths numbered 126 compared with 130 in 1963. The crude death rate was therefore 10.1 deaths per 1,000 population and the adjusted rate was 9.1. This latter compares favourably with an England and Wales provisional rate for 1964 of 11.3 deaths per 1,000 population.

The causes of death are listed in Table 11 and it will be seen from Table 10 that 61 of the total of 126 deaths occurred at 75 years or more of age, a proportion of 48% which is less satisfactory than the 1963 figure of 53%. The matter of premature death and life wastage has already been discussed in general terms. What of Loddon? It emerges that there were 23 deaths (13 men and 10 women) in the age group 45 to 65 years and the number of these attributable to the causes already discussed is as follows (1963 data in brackets).

Cancer	10	(6)
Coronary disease	3	(4)
Accidents	1	(2)
Bronchitis	3	(3)
	17	15



There was a total of nine deaths due to accidents but all these were adults except a two year old girl who succumbed to an apparently unpreventable choking episode. This is the second year in which there have been no preventable accidental deaths in childhood and this says much for the common sense of the young and for the efforts of those who guide them in such matters as road safety.

#### (h) Road Injuries Data

The following details of road accidents are made available by the Chief Constable and are included with the vital statistics for convenience.

Class of Casualty	Killed	Serious	Slight
Drivers	-	8	22
Pedestrians	-	2	-
Motor Cyclists	-	6	13
Pillion Passengers	1	1	2
Pedal Cyclists	1	4	5
Other Persons	2	9	13
Totals	4	30	55

#### COMMUNICABLE DISEASES

One hundred and ten cases of infectious diseases were notified during 1964, the details being appended in Tables 15 and 16. It will be seen that 79 of these were of MEASLES and occurred in the early months of the year as an extension of the 1963 epidemic.

Twelve cases of SCARLET FEVER were notified of which 8 were children at Aldeby School where a troublesome outbreak occurred in the last quarter of the year and caused a great loss of school time in children with streptococcal sore throats as well as those with the scarlatina rash. Although the offending germs included Type 12 streptococci there were no complications but the danger was demonstrated elsewhere in Area 5 by two household contacts of scarlet fever developing rheumatic fever and acute nephritis respectively. All Aldeby school children were examined bacteriologically and those carrying the germ were treated but despite this the problem again presented itself after the Christmas holiday.

Five cases of TUBERCULOSIS were notified, of which one proved subsequently to be non-tuberculous. Of the remaining patients, 2 had lung infections, one a diseased ankle and the fourth had tuberculous glands of the neck. All four were young or middle aged men and in every case the source of infection remained obscure.

Four cases of FOOD POISONING were notified, all being persons infected with salmonella typhimurium. This was thought to be due to contact with infected calves in one case, to eating duck eggs in another and to contact with another patient in a third. The remaining case was not explained. A further two probable cases of salmonellosis were investigated although the diagnosis was unproven, whilst two further patients were admitted to hospital after eating cold chicken which had been returned to the cooling oven for storage after a previous hot meal. They almost certainly suffered from staphylococcal food poisoning.

One case of Sonne DYSENTERY was notified, this being a holidaymaker

who arrived in Loddon on a cruiser and who was probably infected elsewhere.

Epidemic nausea and VOMITING was troublesome throughout the year in various parts of the district and particularly so at Bergh Apton in the last two months. This illness is fortunately very mild but has a high infectivity and may involve more than half the pupils of a school in one outbreak. It is presumed to be due to a virus, although no single virus has yet been identified, and is probably spread by droplet infection. Certainly the ordinary rules of personal and food hygiene seem to offer little protection.

Routine samples of milk from four herds were found to be infected with BRUCELLA germs. Two of the farms sent all milk for pasteurisation and the public was not at risk. Nevertheless one farmer asked to have his herd investigated and 14 of 52 animals were found to be infected. The other owner did not wish to take the matter further and it is therefore not known which animals may be infected. Such cattle may legally be sold and without any declaration as to suspicion of contagious abortion. The remaining two farms produced milk for sale unpasteurised and it was therefore necessary to make Pasteurisation Orders. These remained in force until the offending animals had been identified and eliminated from the herds.

ANTHRAX was diagnosed in two calves at Norton Subcourse and in a calf at the Shotesham knacker's yard which had come from Brooke. Dead animals have on previous occasions been sent to the knacker's yard and the public health problem is, of course, much magnified thereby. There is a case to be made that all incidents of sudden death in the larger animals should be investigated by the veterinary surgeon.

#### ENVIRONMENTAL HYGIENE

The many aspects of this subject are dealt with fully in the appended report of the Senior Public Health Inspector and the following paragraphs are intended only as a general review.

##### (a) Housing

The 1961 Census report is in the course of publication, part by part, and the following figures in regard to housing conditions are now available.

(i) Average number of persons per room: Loddon 9.58  
Norfolk County 0.6

(ii) Percentage of all households with:

	No cold tap	No hot tap	No fixed bath	No waterborne sanitation	Exclusive use of all four facilities
Loddon R.D.C.	22.2	44.8	43.3	41.5	51.4
Norfolk County	14.1	40.3	37.1	31.1	55.2
All R.D.C.'s.	16.6	42.4	40.0	37.2	53.2

It emerges from these figures that whilst Loddon does not suffer overcrowding, there is nevertheless scope for the extension of modern housing amenities. It should, of course, be kept in mind that the R.D.C. figures are contributed to by the Norwich fringe areas which are "rural" in nothing but the administrative sense.



Progress has been made with the programme for dealing with unfit dwellings and at the close of the year only 59 such properties remained in occupation and 105 were empty or used as stores.

(b) Sewage Disposal

The opening of the Gillingham sewer and works, the commencement of the Norton and Thurlton scheme and preparation for the three projects at Geldeston, Chedgrave and Thurton are considered in the Public Health Inspector's report. This considerable activity was the product of Council's commendable determination to sewer the District with all reasonable dispatch. In three parishes a night soil collection service continued to meet the needs of a sewage disposal system of an earlier age, the soil being disposed of on fallow land in a manner which did not endanger the public health but which can hardly be regarded as ideal. It is to be hoped that this service will not be needed within a few years.

Discussion was had with other Broadland authorities regarding water pollution by holiday craft. This liaison will ensure that the sanitary authorities remain abreast of new developments in regard to this very difficult problem.

(c) Water Supply

The District is largely supplied by Norwich Corporation with surface water from the Wensum but six southern parishes receive chalk bore water from the East Anglian Company's source at Outney. Both waters are rather hard with upwards of 300 parts per million total hardness and both are neutral or slightly alkaline and are not regarded as plumbo-solvent, i.e. there is no danger from lead. Fluorine in the Norwich water is very low, around 0.1 parts per million, and a clear case therefore exists for artificial fluoridation. Figures for the Outney water are not available.

Two of 51 mains water samples were unsatisfactory on bacteriological examination. These were from lengths of main which had not been put into service and, in each case, further specimens taken after flushing were satisfactory.

(d) Food Hygiene and Meat Inspection

Particular attention was given to food hygiene enforcement during the early summer when the final extent of the Aberdeen typhoid outbreak was uncertain. The effort began with enquiries into the possibility of suspect corned beef having been distributed in Loddon but none was found, although a concurrent enquiry into salmonella contamination did lead to the withdrawal of a suspect tin.

A hundred per cent meat inspection was again maintained, the details being noted elsewhere.

(e) Public Health Nuisances

It is an important part of the duty of this Department to see that situations prejudicial to health are corrected but it is not here intended to go into the matter in detail. However, one increasing problem needs attention. Intensive animal husbandry has been developing in close association with other dwellings and it appears that in many cases no planning objection can legally be raised. Several public health nuisances have already presented, usually concerned with smell or fly breeding and it is likely that this will prove only a beginning. The Rural District Councils Association expressed concern, during the year, about this problem and it is greatly to be hoped that suitable power will soon be vested

in the planning authorities.

The increasing need and demand for public conveniences at main highway laybys was discussed, the present position being a matter of public health hazard as well as of "inconvenience" to road users. After reference to the County the County Councils Association was asked to take up the matter with the Ministry.

Attempts were made to deal with the recurrent summer problem of refuse dumping from river craft. Council agreed to provide disposable paper sacks to boatyards if suitable sack containing litter bins were provided by the yard owners. Unfortunately the response was discouraging.

#### HEALTH EDUCATION

The Home Safety Committee functioned for two years and met for the last time towards the end of 1963. It was reconstituted in 1964 as a Health Education Committee with wider terms of reference and met twice during the year, considering how best to promote the understanding of health in Loddon. A particular extension of the previous Committee's work was the sponsoring of a "Good Neighbours" scheme designed to encourage regular visiting of elderly people who are unable, because of infirmity or disinclination, to take part in existing community activities. To this end, approach was made to various voluntary organisations.

The Norfolk and Suffolk Water Safety Association was formed during the year and Council made an initial donation in support of its efforts.

#### CONCLUSION

I am grateful to the Chairman of the Council and the Chairman and members of the Public Health Committee for their encouragement throughout the year.

I would like also to acknowledge the co-operation of the Clerk of the Council, and the Public Health Inspectors as well as all those other members of the staff at Loddon and the Norwich office who have always shown themselves eager to contribute to the care of the public health.

I have the honour to be,

Your obedient servant,

D.F. Hadman.

Local Health Office,  
Aspland Road,  
Norwich,  
Norfolk,  
NOR 19S.



LODDON RURAL DISTRICT - 1964.

Table 1. GENERAL STATISTICS

Area (in acres)	60,406
Estimated Resident Population	12,420
Rateable Value	£244,541
Sum produced by a Penny Rate	£1,023

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	69	71	140
Illegitimate	1	1	2
Totals	70	72	142

Live Birth Rate per 1,000 estimated resident population = 11.4

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	1	-	1
Totals	2	-	2

Still Birth Rate per 1,000 total births = 13.9

Table 4. TOTAL BIRTHS

	Males	Females	Total
Legitimate	70	71	141
Illegitimate	2	1	3
Totals	72	72	144

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Totals	1	1	2

Infant Mortality Rates

Total = 14.1 (per 1,000 live births)  
 Legitimate = 14.3 (per 1,000 legitimate births)  
 Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during the first four weeks)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births) = 7.0

(c) Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate	-	-	-
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate (per 1,000 live births) = 0.0

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	1	-	1

Perinatal Mortality Rate (per 1,000 total births) = 13.9



Table 6. ILLEGITIMATE BIRTHS

Males - 1      Females - 1      Total = 1.4% of Total Live Births.

Table 7. MATERNAL DEATHS (Including abortion) = 1.

Maternal Mortality Rate (per 1,000 total births) = 6.9.

Table 8. DEATHS (All ages)

Males	Females	Total
66	60	126

Crude Death Rate (per 1,000 of Estimated Resident Population) = 10.1

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

	Males	Females	Total
Prematurity	1	-	1
Fibrocystic pancreas	-	1	1
Totals	1	1	2

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR  
(According to Age Groups)

	Males	Females	Total
Under 4 weeks	1	-	1
4 weeks and under 1 year	-	1	1
1 " " 5	-	1	1
5 " " 15	-	-	-
15 " " 25	-	-	-
25 " " 35	-	1	1
35 " " 45	1	3	4
45 " " 55	1	3	4
55 " " 65	12	7	19
65 " " 75	15	19	34
75 and over	36	25	61
Totals	66	60	126

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	Males	Females	Total
11. Malignant neoplasm, lung, bronchus.	3	-	3
12. Malignant neoplasm, breast.	-	2	2
13. Malignant neoplasm, uterus.	-	2	2
14. Other malignant and lymphatic neoplasms.	9	7	16
15. Leukemia, Aleukemia.	-	1	1
16. Diabetes.	-	2	2
17. Vascular lesions of nervous system.	7	13	20
18. Coronary disease, angina.	15	7	22
19. Hypertension with heart disease.	2	1	3
20. Other heart diseases.	7	7	14
21. Other circulatory diseases.	3	3	6
22. Influenza.	1	-	1
23. Pneumonia.	4	3	7
24. Bronchitis.	5	-	5
25. Other diseases of respiratory system.	-	1	1
26. Ulcer of stomach and duodenum.	1	-	1
28. Nephritis and nephrosis.	-	1	1
30. Pregnancy, childbirth and abortion.	-	1	1
32. Other defined and ill-defined diseases.	5	3	8
33. Motor vehicle accidents.	1	2	3
34. All other accidents.	3	3	6
35. Suicide.	-	1	1
Totals	66	60	126

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1958	1959	1960	1961	1962	1963	1964
<u>Live Births (per 1,000 pop)</u>	(174)	(178)	(171)	(174)	(184)	(193)	(142)
Loddon R.D.	13.6	14.0	13.5	14.2	15.0	15.6	11.4
Area 5.	14.9	13.7	14.1	14.2	13.9	15.2	14.9
England & Wales (provisional)	16.4	16.5	17.1	17.4	18.0	18.2	18.4
<u>Still Births (per 1,000 total births)</u>	(3)	(4)	(2)	(1)	(5)	(8)	(2)
Loddon R.D.	16.9	22.0	11.6	5.7	26.5	39.8	13.9
Area 5.	9.9	19.9	20.7	8.9	21.4	29.1	6.7
England & Wales (provisional)	21.6	20.7	19.7	18.7	18.1	17.3	16.3
<u>Crude Deaths (per 1,000 pop)</u>	(133)	(152)	(130)	(137)	(144)	(139)	(126)
Loddon R.D.	10.4	11.9	10.2	11.2	11.7	11.2	10.1
Area 5.	12.1	12.4	11.8	12.4	12.1	12.2	12.9
England & Wales (provisional)	11.7	11.6	11.5	12.0	11.9	12.2	11.3
<u>Infant Mortality (per 1,000 live births)</u>	(1)	(5)	(2)	(1)	(3)	(2)	(2)
Loddon R.D.	5.7	28.0	11.7	5.7	16.3	10.4	14.1
Area 5.	8.3	25.4	14.1	9.0	14.5	11.6	20.5
England & Wales (provisional)	22.5	22.0	21.7	21.4	21.4	20.9	20.0

Note: 1. Figures in brackets are the actual numbers for Loddon R.D.

2. Area 5 comprises Depwade & Loddon R.Ds., and Diss & Wymondham U.Ds.



Table 13. DEATHS DUE TO CANCER - Loddon R.D.

	1958	1959	1960	1961	1962	1963	1964
Number of deaths.	19	34	23	23	23	25	23
Percentage of total deaths.	14.3	22.4	17.7	15.3	16.0	18.0	18.0

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Loddon R.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1964	66	12	3	60	11	-
1963	66	12	3	73	13	2
1962	85	15	4	59	8	1
1961	67	12	6	70	11	1
1960	67	10	2	63	13	-
Totals	351	61	18	325	56	4

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) ACCORDING TO AGE GROUPS - Loddon R.D.

	Under 1	1-4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever	-	1	9	2	-	12
Measles	1	33	41	4	-	79
Whooping Cough	-	1	-	-	-	1
Pneumonia	-	1	1	-	8	10
Infective Jaundice	-	-	-	-	1	1
Puerperal Pyrexia	-	-	-	-	1	1
Dysentery	-	-	-	-	1	1
Food Poisoning	1	1	-	-	2	4
Erysipelas	-	-	-	-	1	1
Totals	2	37	51	6	14	110

Table 16. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING LAST FIVE YEARS - Loddon R.D.

	1960	1961	1962	1963	1964
Scarlet Fever	20	14	6	7	12
Measles	13	429	84	266	79
Whooping Cough	4	21	5	6	1
Pneumonia	12	1	11	11	10
Infective Jaundice	5	2	1	4	1
Erysipelas	5	1	-	-	1
Dysentery (Sonne)	7	-	-	37	1
Food Poisoning	-	2	-	5	4
Puerperal Pyrexia	1	4	1	3	1
Meningococcal infection	-	1	-	1	-
Paratyphoid Fever	-	-	1	-	-
Totals	67	475	109	340	110

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS - Loddon R.D.

		1960	1961	1962	1963	1964
Pulmonary						
	Male	1	1	2	-	2
	Female	-	2	1	-	-
Non-Pulmonary						
	Male	1	1	-	-	2
	Female	-	-	-	1	-
Loddon R.D.	Total	2	4	3	1	4
Area 5.	Total	13	12	8	7	7

Table 18. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 5.

Year	Primary Injections			Booster Injections	
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14
1964	204	486	28	125	342
1963	244	547	97	94	861
1962	155	448	28	48	304
1961	295	598	157	89	766
1960	377	472	314	27	1,233



Table 19. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Loddon R.D.					Area 5.				
	1960	1961	1962	1963	1964	1960	1961	1962	1963	1964
Number of live births registered.	171	174	184	193	142	557	556	550	601	592
Number of vaccinations recorded (0-4 years).	170	158	145	65	95	508	458	420	222	276
Percentage vaccinated.	100	80	79	34	67	89	82	76	37	46

Table 20. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and boosters given in Area 5 since the scheme commenced. Table A shows the numbers immunised with the Salk vaccine (by injection) and Table B those given the Sabin vaccine (Oral) which became generally available in mid-1962.

(A) Salk:

Year	Primary			Booster (3rd)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	Age 5-12
1964	24	5	1	30	5	-	5
1963	31	4	26	42	6	31	-
1962	234	37	151	294	115	914	27
1961	601	535	2068	427	228	824	3017
1960	397	227	853	660	566	1636	-
1959	593	677	2220	1377	3261	864	-
1958	1648	3159	154	32	1284	2	-
1957	197	1115	-	-	-	-	-
1956	40	121	-	-	-	-	-

(B) Sabin:

Year	Primary			Booster (3rd - after 2 Salk)			Booster (4th)	
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	School Age	Others
1964	554	129	22	5	1	-	785	-
1963	424	22	15	66	2	-	483	-
1962	197	131	1359	230	312	1077	426	-

Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough primary immunisations recorded in Area 5 during the last five years.

Year	Under 1	Age 1-4	Age 5-14	Total
1964	202	276	8	486
1963	244	301	5	550
1962	149	291	12	452
1961	291	300	26	617
1960	368	100	124	592

Table 22. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last five years. Immunisation against this disease was included in the County Council's scheme in September 1958.

Year	Primary				Booster		
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1964	204	282	136	124	131	418	65
1963	242	306	504	219	100	284	44
1962	152	312	725	399	50	103	37
1961	282	329	1651	580	73	80	63
1960	374	198	1823	691	22	56	87

Table 23 B.C.G. VACCINATION

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C.G. vaccinations in Area 5 in the last five years is recorded.

Year	Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
1964	474	68	382
1963	472	97	352
1962	586	146	434
1961	426	104	303
1960	544	91	429



ANNUAL REPORT OF THE  
SENIOR PUBLIC HEALTH INSPECTOR  
FOR THE YEAR 1964

Farthing Green House,  
Loddon,  
Norwich, Nor. 23W.





To The Chairman and Members of the  
Loddon Rural District Council.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the  
year ending 31st December, 1964.

### H O U S I N G .

(a)

#### New Dwellings.

The number of new dwellings constructed during the  
year is shown in the table below :-

<u>Type of Dwelling.</u>	<u>Council.</u>	<u>Private.</u>	<u>Total.</u>
Bungalows.	20	97	117
Houses.	0	22	22
	<u>        </u>	<u>        </u>	<u>        </u>
TOTAL :	20	119	139
	<u>        </u>	<u>        </u>	<u>        </u>

During the twelve year period 1953 to 1964, 785 new dwellings have been constructed, an annual average of over 65. This total comprises 275 constructed by the Council and 510 by private developers.

The percentage of bungalows is now 83% of the total built during the year, and once again emphasises the domination of bungalows over houses, which is a peculiar feature of building trends in East Anglia.

Building standards and quality of workmanship are much in the news recently. It is satisfactory to note that builders in this area and its outskirts do produce work of a high standard. Exceptions to this are met on rare occasions where work has been executed by firms based outside the area.

It is evident that the country builder and his men have a great interest and pride of workmanship which is obvious by the end product.

Invariably the demand for dwellings is so great that the prospective occupants of a new house cannot wait until the property is completed satisfactorily before occupation. In pre-war days when there was not such a demand for housing, dwellings were allowed to dry out over a long period before decoration and occupation, thereby allowing a better finish.

As costs rise, so sizes reduce and it is hoped that statutory limits will be provided in the byelaws in place of recommendations which cannot be enforced.

(a) New Dwellings continued

Increased demand for private ownership has produced a seller's market and a severe restriction of the buyer's choice, particularly in these days of the Estate Developer.

(b) Old Dwellings.

Improvement of houses lacking modern amenities is still much to the fore and a change in government has not altered the position. The main new development was the enlargement of the Standard Grant scheme to include the cost of a new bathroom (or conversion of outhouse to bathroom) septic tank and mains water; so increasing the maximum from £155 to £350. It is regrettable that the maximum of £400 for Discretionary Grants still remains after fifteen years of the Act, in spite of double building costs.

The number of Standard Grant applications approved and completed has doubled, whereas the number of Discretionary Grant applications has increased by half, but the number completed has doubled over last year.

Standard Grants.

	<u>Number Received.</u>	<u>Number Approved.</u>	<u>Number Completed.</u>
Owner/Occupier	41	41	33
Tenant.	37	37	20
	<hr/>	<hr/>	<hr/>
TOTAL :	78	78	53
	<hr/>	<hr/>	<hr/>

Discretionary Grants.

	<u>Number Received.</u>	<u>Number Approved.</u>	<u>Number Completed.</u>
<u>Conversions.</u>			
Owner/Occupier	3	3	3
Tenant.	4	4	3
<u>Improvement.</u>			
Owner/Occupier	25	25	15
Tenant.	34	34	28
	<hr/>	<hr/>	<hr/>
TOTAL :	66	66	49
	<hr/>	<hr/>	<hr/>

Action taken in respect of old property.

Visits and inspections .....	93
Houses demolished .....	22
(156 houses demolished in 12 years)	
Houses repaired .....	50



(c) Overcrowding.

There were no cases of overcrowding reported or investigated during the year.

(d) Verminous and other Infested Premises.

One case was reported which necessitated several treatments.

(e) Moveable Dwellings.

As in previous years an August survey was carried out by this department for the County Council, to ascertain the number of caravans and tents in the area.

There are three licensed caravan sites in the area, each limited to a specific number of holiday caravans during the summer months. Two sites are undergoing changes at the present time.

Number of individual Caravans 9.

Number of visits ..... 14.

WATER SUPPLIES

(a) Rainfall.

The rainfall for the Loddon area was 18.01 inches compared with 20.51 inches for the previous year, and it is interesting to note that the two extremes over the last twelve years are 16.57 inches in 1959 and 30.81 inches in 1960.

The Norfolk average over the last 27 years is 24.58 inches, whilst the average in the Loddon area appears to be about two inches below this figure.

(b) Public Water Supplies.

The present day heavy demands on our natural sources of supply, together with less rainfall is of great concern nationally. At last it seems that intensive research is being made into the question of de-salinization of sea water. The chief difficulties of practical achievement are the cost of processing, the disposal of chemicals removed and the possibility that harmful substances may remain afterwards.

If the situation becomes critical it may be necessary to meter all supplies and to design fittings which will function satisfactorily on less water.

(b) Public Water Supplies continued

The district continues to be supplied with mains water from :-

- (i) Norwich Waterworks, (source-River Wensum ) via the Water Tower at Yelverton - 20,000 gallons capacity, the Water Tower at Loddon Ingloss - 245,000 gallons capacity and the Booster Main via Brooke. This water supplies the whole area apart from six southern parishes.
- (ii) East Anglian Water Co.(at Bungay Headworks on Outney Common) via the steel Water Tower at Ditchingham - 90,000 gallons capacity. This serves the southern parishes of the district - Ditchingham, Broome, Kirby Cane, Ellingham, Geldeston and Gillingham.

The figures for connections to the water main are shown in the table on page 5.

A total of 201 new connections was made including 7 metered supplies. This was an increase over the previous year and was due to the work in Gillingham, Kirby Cane and Ellingham in converting properties to the water carriage system of drainage.

51 bacteriological water samples were taken from consumers' taps in all parishes, 49 of which were highly satisfactory.

(c) Private Water Supplies.

22 samples were taken from wells, 7 samples were satisfactory and 15 unsatisfactory. This resulted in 20 properties being connected to the mains supply and one well being cleaned out. Ten notices were served under the Public Health Act, 1936, as amended by the Water Act, 1945 and the Public Health Act, 1961. Nine have been complied with and the other owner has ceased to use the well, satisfactory water being obtained from an alternative source.



PARISH.	Total Domestic.	Total Meters.	Total To Date.
ALDEBY.	90	27	117
ALPINGTON.	56	11	67
ASHBY ST. MARY.	27	8	35
BEDINGHAM.	34	19	53
BERGH APTON.	114	25	139
BROOKE.	245	34	279
BROOME.	97	18	115
BURGH ST. PETER.	53	9	62
CARLETON ST. PETER.	3	4	7
CHEDGRAVE.	156	7	163
CLAXTON.	30	4	34
DITCHINGHAM.	320	31	351
ELLINGHAM.	78	15	93
GELDESTON.	99	22	121
GILLINGHAM.	128	16	144
HADDISCOE.	102	25	127
HALES.	87	14	101
HECKINGHAM.	35	14	49
HEDENHAM.	52	20	72
HELLINGTON.	15	2	17
HOWE.	13	4	17
KIRBY CANE.	83	16	99
KIRSTEAD.	39	14	53
LANGLEY-WITH-HARDLEY.	86	16	102
LODDON.	401	81	482
MUNDHAM.	27	14	41
NORTON SUBCOURSE.	57	24	81
RAVENINGHAM.	57	20	77
SEETHING.	80	20	100
SISLAND.	-	1	1
STOCKTON.	21	11	32
THURLTON.	77	23	100
THURTON.	85	14	99
THWAITE ST. MARY.	18	12	30
TOFT MONKS.	80	15	95
TOPCROFT.	51	22	73
WHEATACRE.	24	8	32
WOODTON.	106	32	138
YELVERTON.	26	12	38
TOTAL :	3,152	684.	3,836

## SEWAGE DISPOSAL.

### Existing Plants.

There are five main sewage disposal works in the area :-

- (i) Loddon and Chedgrave.
- (ii) Brooke.
- (iii) Ditchingham
- (iv) Ellingham and Kirby Cane.
- (v) Gillingham.

### Under Construction.

One village scheme at Norton and Thurlton was under construction and should be in operation by the summer of 1966.

### Future Schemes.

Three schemes are now in the planning stage in respect of :-

- (i) Geldeston-to be pumped to an enlarged Ellingham Works.
- (ii) Loddon and Chedgrave a new works, necessitated by the extensive growth of the two villages, the increased gallonage per head and amended design standards.
- (iii) Thurton-to be pumped to an enlarged Brooke Works.

The priority list for the remaining parishes has been re-adjusted as previously forecast, due to increased development in certain parishes.

### Housing Plants.

Thirty four smaller sewage disposal units, some of which are septic tanks, serve groups of Council Houses where no village scheme exists. A number of these will be closed when the village schemes are completed as in the case of the plant at Beccles Road, Thurlton. There will always be a number of these smaller units which must remain due to the comparative isolation of houses they serve.



### Septic Tanks.

The septic tank emptying service continues in all parishes, the yearly figures are as follows :-

<u>Type of Plant.</u>	<u>Number of Loads.</u>
Private Tanks.	486
Council House Tanks.	287.5
Miscellaneous Tanks. (Schools, Farms, etc)	151
TOTAL	924.5

This is approximately 924,500 gallons or a monthly average of 77,000 gallons. The number of loads from private and Council House tanks increased but there was a corresponding decrease in loads from other tanks.

Modern methods of animal husbandry have introduced new innovations of drainage. Gone are the days when dung was removed to a heap once a day. In its place is the moving dropping belt used in the intensive poultry rearing sheds and egg production houses, the semi water carriage system in pig houses, and the open slat standing for cows. All the dung from these is allowed to accumulate and turn septic in the receiving chamber, until emptying time, when the tank is emptied on to fields producing really obnoxious odours, far removed from the good old farmyard smell of years ago. No doubt intensive methods of keeping animals in artificial conditions has interfered with natural processes and may well be a large factor in the foul odours from such sources.

### Rivers.

(a) Pollution of Broadland by holidaycraft has produced draft byelaws from the East Suffolk & Norfolk River Authority and the matter is receiving attention by a committee comprising the interested local authorities. Slow progress is being made, but at least it is a step in the right direction and the Nature Conservancy report on Broadland must contribute to this end.

(b) As from the end of 1964, manufacturers of detergents have voluntarily undertaken that all British produced detergents will be based on a new "softer" basic material, i.e. one more readily decomposed by bacteria in sewage processes and rivers. This in itself may not overcome the problem because the number of households using detergents is increasing. In Britain this number is 50% of the total, whereas in U.S.A. and Western Europe it is 90%. Therefore, the industry has been asked to produce still softer materials.

(c) Package deal units are now available in many fields of industry, in particular small extended aeration sewage disposal plants of which there are about nine on the market. The trend is now progressing towards the

Rivers (c) continued

larger type of works which should allow reduction in capital cost of installation, size of plant, simplified and less maintenance. This is a sphere to be investigated very seriously in the immediate future with ever increasing costs always in the fore front of our minds.

Generally.

The new works at Gillingham and Ellingham/Kirby Cane are not yet producing satisfactory effluents but experimentation with flow rates, capacities and the establishment of biological life in the filters is gradually having an effect.

Ditchingham Works produced an effluent well above the standard, but Loddon and Brooke Works, because of limited capacity being outstripped, are not of Royal Commission standard, but are nevertheless good, bearing in mind the throughput of sewage.

The manpower available is strained to its limits to maintain these works and allows no time for continual site smartness or for very essential work in sewer flushing and maintenance. It is hoped that when the third man is employed on the completion of Norton/Thurlton, that I shall be able to give a more favourable report.

Sludge disposal has always been a problem in the field of sewage treatment. Much labour is involved in lifting and removing dried sludge and the time is fast approaching when mechanical means will have to be employed.

REFUSE COLLECTION.

During the year 528 loads were collected which is approximately 15,048 cubic yards of refuse and an increase of 1,422 cubic yards over the previous year.

Enough has been written on this subject since my last annual report, and it is satisfactory to note that the go-ahead has now been given for a weekly scheme. This is another milestone achieved in this particular service, but it is still not the end of the journey. The next milestones are a back-door collection and a dustless service. The latter is becoming more in reach by the use of other forms of heating in place of solid fuel, but dust will never be completely absent. As refuse bulk increases the weight per cubic yard decreases, making it imperative for local authorities to employ compression type vehicles. It is most gratifying to record that this Council has always kept abreast of the times in its selection of vehicle type, if not in the number.

Number of Visits 109.



SUPERVISION OF FOOD SUPPLIES.

(1)

Meat Inspection.

One hundred per cent meat inspection was carried out.

CARCASE AND OFFALS INSPECTED IN WHOLE OR PART

<u>Details.</u>	<u>Cattle.</u>	<u>Calves.</u>	<u>Pigs.</u>	<u>Sheep.</u>
Number killed.	168	Nil	1	Nil.
Number inspected.	168	Nil	1	Nil.
<u>All diseases except tuberculosis.</u>				
(a) Where whole carcase condemned.	Nil	Nil	Nil	Nil.
(b) Carcase of which some part or organ was condemned.	16	Nil	Nil	Nil.
(c) Percentage of inspected number affected with disease other than T.B.	9.47	Nil	Nil	Nil.
<u>Tuberculosis only.</u>				
(a) Whole carcase condemned.	Nil	Nil	Nil	Nil.
(b) Carcase of which some part or organ was condemned.	3	Nil	Nil	Nil.
(c) Percentage of inspected number affected with T.B.	1.77	Nil	Nil	Nil.

The following condemnations were made and surrendered voluntarily :-

<u>Animal.</u>	<u>Organ.</u>	<u>Condition.</u>
Beast.	Head and Tongue	Tuberculosis.
Beast.	2 Sets Lungs.	Tuberculosis.
Beast.	1 Mesentery.	Tuberculosis.
Beast.	8 Livers.	Fluke.
Beast.	7 Livers.	Abscess.
Beast.	2 Diaphragms.	Abscess.
Beast.	1 Set Lungs.	Abscess.

(2)

Inspection and Condemnation of Other Foods.

In the majority of cases obviously damaged and "blown" tinned foods are returned directly by the retailer to the wholesaler or manufacturer. These items do not appear in the annual reports. The Public Health Department is called, in particular, to examine tinned meat or fish and in cases where the retailer has any doubt concerning the fitness of the canned commodity. Over the years a sound, helpful relationship and co-operation has been built up between the shop-keepers and your inspectorate.



(2) Inspection and Condemnation of Other Foods continued

An additional problem for the food retailer is the breakdown in the mechanical equipment of the refrigerated food cabinet, allowing the temperature to rise above 5° F. In such cases all the food is voluntarily surrendered and destroyed. Once frozen food is "thawed out" deterioration and decomposition can set in, regardless of the fact that it is possible but highly dangerous to refreeze it. All shopkeepers have been warned about this fact during inspections of their premises and leaflets giving the same information have been distributed.

The following items were condemned :-

3 lbs. 10 ozs.	of Corned Beef (Tinned)	Contaminated.
6 lbs.	of Corned Beef (Tinned)	Mouldy.
56 lbs.	of Chuck Steak.	Decomposed.
72	Ice Cream and Fruit Lollies.	Refrigerator breakdown.
341	Items of Frozen Food.	Refrigerator breakdown.

(3) Milk Supplies.

The Norfolk County Council administers the duties under these regulations. Loddon and district is a special designated area for milk and as such only milk bearing the special designation, tuberculin tested, pasteurized or sterilized may be sold.

(4) Ice Cream.

There is only one manufacturer of Ice Cream in the area. The premises are situated on a farm. All equipment is checked by your staff, including recording charts and thermometers, and a high standard of hygiene is maintained.

All premises selling Ice Cream have to be registered under the Food and Drugs Act, 1955.

Six samples were taken all of which were Grade I on bacteriological examination.

Five new licences to sell prepacked Ice Cream were issued and in all there are now 49 premises registered.

(5) Slaughterhouses and Knackers Yards.

There is one licensed Slaughterhouse and one Knackers Yard, and sixteen men licensed to slaughter animals in the district. One Knackers Yard was closed during the year. Visits are made to these premises to ensure standards of hygiene and prevention of cruelty to animals.

(6)

Food Premises.

The number of food premises is made up as follows :-

General Stores .....	41
Butchers Shops .....	5
Fish & Chip Shops .....	4
Bakeries .....	2
Hotels .....	3
Public Houses .....	41
	<hr/>
TOTAL :	96
	<hr/>

Although the basic requirements exist for compliance with the Food Hygiene Regulations, improvement is a gradual and constant factor in these food premises. Most owners and managers are receptive to new ideas, and try to see that the regulations are observed, but this is not always the case with staff. Continual vigilance is necessary and members of the public should not hesitate to inform the Public Health Department immediately they are not satisfied in the way in which food is served to them.

Number of Visits 135.

R O D E N T C O N T R O L .

The Council's Rodent Operator has carried out surveys, inspections and treatments in villages, trade premises, some farms, and the Council refuse tips and sewage works. Detailed annual reports are submitted to the Ministry of Agriculture, Fisheries and Food.

<u>Property.</u>	<u>Number of Inspections.</u>
Council premises.	29
Dwelling houses.	3,050
Other premises, including businesses.	57
Agricultural.	440
	<hr/>
TOTAL :	3,855
	<hr/>

### I N F E C T I O U S   D I S E A S E S .

Twenty one visits were made by the department to various types of infectious disease cases reported. These were made up as follows :-

Intestinal Infections .....	14
Anthrax Contacts .....	2
Brucellosis .....	1
Tuberculosis .....	1
Other visits .....	3
	<hr/>
TOTAL :	21
	<hr/>

### F A C T O R I E S   A C T .

There are 53 factories with mechanical power and 14 without mechanical power. No new factories have been built but alterations and extensions have been carried out to existing premises.

There are seven outworkers, six engaged in making wearing apparel and one in net making.

### O F F I C E S , S H O P S & R A I L W A Y   P R E M I S E S   A C T , 1963 .

This Act came into force during the year, which means additional responsibility for the Public Health Department.

All premises, where labour is employed, have to be registered and eventually will be inspected.

During the year the following figures were collated :-

	<u>Registered.</u>	<u>Inspected.</u>
Offices.	14	6
Retail Shops.	25	12
Catering.	2	2
Fuel Storage Depots.	<u>1</u>	<u>1</u>
TOTAL :	<u>42</u>	<u>21</u>

The appointment of the third Public Health Inspector will greatly assist with the ever increasing duties.



The following is a summary of other inspections and visits carried out :-

Sewage works, sewer connections, etc .....	492
Drainage inspections and tests .....	624
Building Byelaws, etc .....	797
Discretionary Grants .....	358
Standard Grants .....	202
Nuisance visits .....	18
Nuisances abated .....	14
Water supplies .....	132
Rodent control .....	123
Petroleum regulations .....	73
Miscellaneous visits .....	146

In conclusion I would like to thank the Members of the Council and the Public Health Committee for their interest and support; also, to Dr. D. F. Hadman, the Medical Officer of Health, and other members of the staff, for their help and co-operation.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

K. S. STARLING.

